



Michael R. Pence, Governor  
State of Indiana

***Division of Disability and Rehabilitative Services***  
402 W. WASHINGTON STREET, P.O. BOX 7083  
INDIANAPOLIS, IN 46207-7083  
1-800-545-7763

*Via Electronic Mail*

DATE

[CONTACT INDIVIDUAL]  
[CONTACT INDIVIDUAL TITLE]  
[PROVIDER NAME]  
[PROVIDER ADDRESS]  
[PROVIDER ADDRESS]  
[PROVIDER EMAIL ADDRESS]

Re: Provider Re-approval Process – Request for Information – Due [DATE]

Dear [CONTACT INDIVIDUAL],

It was a pleasure talking with your organization on [Meeting Date]. As we reviewed, the purpose of the meeting was for an open dialog and for our team at the Bureau of Quality Improvement Services (BQIS) to request clarification on specific topics addressed in the Re-approval Assessment. In order for your organization to receive the most appropriate re-approval term, please fully address the items listed below in your written response.

**SECTION I – PRP Complaints and Incidents Data**


**SECTION II – PRP Incident Processing and Abuse/Neglect/Exploitation Data**


**SECTION III – PRP Behavioral Data**


**SECTION IV – Service Delivery & Consumer Supports**




SECTION VI – Improvement Plan


To provide your response, please:

1. Use the same Re-approval Assessment document you originally submitted.
2. Add your reply to the above comments, by category, in the body of the Re-Approval Assessment.
3. Please insert the word ‘ADDENDUM’ prior to the additional wording.

Your response is due [**10 CALENDAR DAYS FROM THE DATE OF THIS LETTER**]. Please email your reply to [BQISReporting@fssa.in.gov](mailto:BQISReporting@fssa.in.gov).

Based on your Re-approval Assessment, and the additional information provided as a result of this request, BQIS will recommend a re-approve period of 6, 12, or 36 months. Once re-approved, your organization may continue providing services through the Division of Disability and Rehabilitative Services’ (DDRS) Medicaid Home and Community Based Services waiver program to people with intellectual and developmental disabilities in Indiana. Your organization will be notified for the re-approval term (6, 12 or 36 months) by the Director of Provider Relations.

Thank you for your commitment to the re-approval process and for providing the additional information requested. As always, please do not hesitate to contact me with any questions.

Sincerely,

Shelly Thomas  
Assistant Director  
Bureau of Quality Improvement Services  
(317) 234-2764  
[Shelly.Thomas@fssa.in.gov](mailto:Shelly.Thomas@fssa.in.gov)

cc: Anne Davis, Director, Bureau of Quality Improvement Services